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FROM: Peter Yim
Reg. No. 44,417

DATE: May 15, 2006

Number of pages with cover page:	6	
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Preparer of this slip has confirmed that facsimile number given is correct:

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Comments:

PLEASE PROCESS THE ATTACHED.

Re: U.S. Patent Application Serial No. 09/837,911
For: PLATING APPARATUS AND METHOD
By: Hui WANG
Our Reference: 49515-20001.11

Attached is the following:

1. Transmittal (1 Page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Petition for Extension of Time (1 page)
4. Notice of Appeal (1 page)

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PTO/SB/21 (08-04)

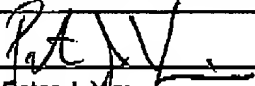
Approved for use through 07/31/2006. OMB 0651-0031

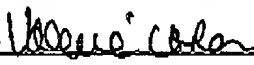
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/837,911
		Filing Date	April 18, 2001
		First Named Inventor	Hui WANG
		Art Unit	1742
		Examiner Name	W. Leader
Total Number of Pages in This Submission	5	Attorney Docket Number	495152000111

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (1 page) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet (not counted as part of this submission)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)	
Signature		
Printed name	Peter J. Vm	
Date	May 15, 2006	Reg. No. 44,417

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.		
Dated: May 15, 2006	Signature: 	(Valerie Cohen)

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PTO/88/17 (01-06)

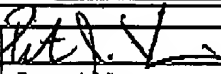
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FEE TRANSMITTAL For FY 2006		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4278). <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 09/837,911 Filing Date: April 18, 2001 First Named Inventor: Hui WANG Examiner Name: W. Leader Art Unit: 1742 Attorney Docket No.: 495152000111	
TOTAL AMOUNT OF PAYMENT (\$) 760.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)																						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																						
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)															
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																
Utility	300	150	500	250	200	100																
Design	200	100	100	50	130	65																
Plant	200	100	300	150	160	80																
Reissue	300	150	500	250	600	300																
Provisional	200	100	0	0	0	0																
2. EXCESS CLAIM FEES																						
Fee Description							Small Entity Fee (\$)															
Each claim over 20 (including Reissues)							50															
Each independent claim over 3 (including Reissues)							200															
Multiple dependent claims							360															
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>50</td> <td>-50 = 0</td> <td>x 25 =</td> <td>0.00</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	50	-50 = 0	x 25 =	0.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Multiple Dependent Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>160</td> <td></td> <td>0.00</td> </tr> </table>		Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	160		0.00
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																			
50	-50 = 0	x 25 =	0.00																			
Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																				
160		0.00																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>3</td> <td>-3 = 0</td> <td>x 100 =</td> <td>0.00</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	3	-3 = 0	x 100 =	0.00								
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																			
3	-3 = 0	x 100 =	0.00																			
HP = highest number of total claims paid for, if greater than 20. HP = highest number of independent claims paid for, if greater than 3.																						
3. APPLICATION SIZE FEE																						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																						
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td></td> <td>- 100 =</td> <td>/50</td> <td>(round up to a whole number) x</td> <td></td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		- 100 =	/50	(round up to a whole number) x						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																		
	- 100 =	/50	(round up to a whole number) x																			
4. OTHER FEE(S)																						
Non-English Specification, \$130 fee (no small entity discount)							510.00															
Other (e.g., late filing surcharge): 2253 Extension for response within third month							250.00															
2401 Notice of appeal																						

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,417
Name (Print/Type)	Peter J. Yim	Telephone	(415) 268-6373
		Date	May 15, 2006

sf-2130187